



CITY OF HARTFORD
DEPARTMENT OF DEVELOPMENT SERVICES
DIVISION OF LICENSES AND INSPECTIONS
ITINERANT PEDDLER LICENSE APPLICATION



APPLICANT

Name	
Residential Address	
City ST ZIP Code	
Home Phone	
Business Phone	
Date of Birth	_____ Male / Female

VENDING FIRM

Owner	
Name of Business	
Business Location	
CT Sales Tax ID #	
Products vending	
If Food Vending: Health License #	
Annual/ Temporary	Dates of temporary events: _____
Are you self employed	Yes / No
Vehicle/ Pushcart	
Vehicle Make & Model and color	
License Plate #	

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am issued a license, any false statements, omissions, or other misrepresentations made by me on this application may result in the immediate revocation of my license. I further agree to abide by all Federal and State laws prohibiting the sale and use of illegal drugs and alcohol and I also understand that if I or any of my employees are arrested for sale or use of illegal drugs and alcohol that such arrest is grounds for immediate revocation of my license and notification to the State and Federal agencies.

Name (printed)	
Signature	
Date	